Washington State Department of
Health

Toll Free # 1-800-771-1204
http://www.doh.wa.gov/hsqa/fsl

CHERRY HARVEST (TENTS) CAMP LICENSE APPLICATION

Mail to: Department of Health
Revenue Section
PO Box 1099
Olympia, WA 98507-1099

Facility Name: _____
(as advertised on signs, letterhead, business name, website, etc.)

Site Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Contact Person (the person responsible for the day-to-day operation):

Name: _____ Title: _____

Telephone: _____ Fax: _____

Cell Phone: _____

Public Water System (PWS) ID#: _____

PWS Name _____

Total Number of Tents: _____ Total Number of Occupants: _____

Occupant Arrival Date: _____ Occupant Departure Date: _____

Date opened (new facility): _____
Date of sale closed/transferred (change of ownership/operator/licensee): _____

DOH Form 550-025J (12/04)

Return the following to the above address:

❑ Signed Application/UBI
  (this two-sided form)
❑ Copy of Master Business License
❑ Applicable licensing fee
  (see licensee fee table below)

License fee is $25.

Plus an Onsite Fee based on number of persons listed below:
0 to 9 persons: $45
10 to 50 persons: $70
51 to 100 persons: $100
101 to 150 persons: $125
For each additional 50 persons over 150 add $25
(payable in US funds)

Call 1-800-771-1204 for calculation of fee for multiple sites.

It is a violation of Washington State Law to operate without a current license.

Licenses are not transferable.

Please complete and sign the reverse side.

Revenue Use Only

Facility Name _____

1F 0299634350 00635

Please fill in your master business license number also known as Uniform Business Identifier Number (UBI#) in the spaces below. Your number looks similar to this **600, 601, or 602-000-000**. If you DO NOT have a master business license number, please contact the Washington State Department of Licensing at (360) 664-1400.

WASHINGTON UBI# _____ _____ _____ - _____ _____ _____ - _____ _____ _____

Please enclose a copy of your current Master Business License that reflects the above UBI#.

BUSINESS STRUCTURE (check one of the following):
☐ Sole Proprietor

_____   _____
Print Name   Print Name

☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership ☐ Corporation ☐ Limited Liability Corporation
List of Controlling Officers, Partners, Members, Managers and Title: (Attach additional pages if needed)

_____   _____
Print Name   Title

_____   _____
Print Name   Title

_____   _____
Print Name   Title

_____   _____
Print Name   Title

This application without a signature will be returned.

I certify that I have received, read, understand, and agree to comply with chapter 246-361 WAC regulating this licensing category. I also certify that the information herein submitted is true to the best of my knowledge and belief.

_____   _____   _____
Signature of Authorized Representative   Print Name/Title   Date